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SUBJECT: MONITORING AND EVALUATION OF INTERNATIONAL RESCUE COMMITTEE
(IRC) REFUGEE ASSISTANCE PROJECT IN KAKUMA REFUGEE CAMP, KENYA
(COOPERATIVE AGREEMENT NO. SPRMCO07CA032)

11. SUMMARY AND OVERALL ASSESSMENT: Refugee Coordinator (refcoord) Kent (Sam) Healy visited Kakuma refugee camp at Kakuma, Kenya, several times the first 7 months of 2007. During these visits, time was spent to monitor and evaluate the IRC program "Continuation of an Integrated Health Care, and Adult and Special Needs Education Program" funded by PRM under cooperative agreement number SPRMCO07CA032. Refcoord has also met with GOE, UNHCR and other implementers in Kakuma, as well as with IRC Kenya headquarters staff in Nairobi to discuss their programming. The PRM cooperative agreement contributes USD1,791,385 towards a total budget of USD3,265,513 that covers IRC's operations in Kakuma.

12. Seven months into the cooperative agreement, IRC has made good progress towards achieving its agreed to objectives. The three satellite clinics have been operating 6 days a week, while Kakuma hospital has operated 24 hours seven days a week. Despite constant outbreaks of disease including measles, cholera and malaria, crude mortality rate at the camp is .30/1000 per month, while under 5 mortality rate is .99/1000 per month. During the reporting period, 134 new latrines were constructed and 25 old latrines were rehabilitated, while a ratio of 15 persons per latrine was maintained. One hundred percent of children below five years of age admitted at Supplementary Feeding Centers (SFC) and Therapeutic Feeding Centers (TFC) received iron supplementation, while a vitamin A supplementation campaign conducted in February 2007 reached over 95 percent of all children under five years of age. Finally, 246 disabled children were enrolled in mainstream schools, and 2,180 adult learners enrolled and were maintained in the Adult and Special Needs Education program.

13. Some of the challenges brought up by IRC during the visits include: high turnover of refugee incentive staff as large numbers of the most skilled refugees repatriate to south Sudan; frequent outbreaks of sickness and disease, particularly malaria, during this grant period; aging structures built to last 5-10 years that have now been in service for over 15 years; as well as a diminishing budget.

14. IRC's management and administrative sections appear well run. While small issues continue to emerge from time to time, especially between IRC and UNHCR over scopes of activities and budgets, the relationship between UNHCR and IRC appears much improved from the previous grant cycle. Other NGOs operating at Kakuma confirm an excellent level of coordination with IRC. Refcoord recommends that IRC's follow-on proposal for its program in Kakuma receive positive consideration. END OF SUMMARY/ASSESSMENT.

SITE VISITS

15. Refcoord traveled to Kakuma refugee camp (pop. 71,000+) in northwestern Kenya three times in the initial seven months of the project cycle. During the visits, refcoord conducted monitoring and

evaluation activities of IRC's Refugee Assistance Program for Sudanese Refugees, meeting with IRC staff and visiting project activities.

¶16. Indicators reported are based on the first quarterly report covering the period January 1-March 31, 2007. The second quarterly report was late and had yet to be submitted at the time of this M&E report. During the reporting period, Kakuma's population was reduced from 87,593 to 71,767, due to both the repatriation of south Sudanese refugees, as well as a revalidation exercise that more accurately counted the people in the camp. In addition, IRC estimates it serves approximately 7,177 persons from the local population. Thus, taken together, the IRC currently serves approximately 78,944 people through its programs in Kakuma.

¶17. During the various visits, Refcoord met with IRC Field Coordinator, Medical Coordinator, and other IRC field office and camp staff; with UNHCR/Head of Sub-Office Mahmood Syed Hussain; with refugee leaders and beneficiaries; and with other PRM NGO partners working in Kakuma, to discuss IRC's performance in meeting objectives outlined in its cooperative agreement with PRM. Refcoord visited therapeutic and supplemental feeding programs, adult education classes, the hospital and clinics, and sanitation project sites. During one visit, Refcoord witnessed firsthand the degradation of infrastructure due to age, when one of the Rubbhalls that are used for hospital wards was severely damaged during a wind storm. In Nairobi, Refcoord met with IRC country Director Kellie Leeson, project coordinator Kelly Williams, as well as UNHCR Deputy Representative Eddie Gedalof.

¶18. Based on discussions with a range of officials, both in Kakuma and in Nairobi, it was clear that IRC closely coordinates the other NGO partners in Kakuma and has an improving relationship with UNHCR. Interlocutors we spoke with including UNHCR, the Kenyan Government,

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the Lutheran World Federation, FilmAid International, and the World Food Program, were unanimous in their satisfaction with IRC's work. Refugee leaders in Kakuma also spoke positively of IRC's efforts.

¶19. While at Kakuma, refcoord visited IRC's finance and administration offices. IRC continues to follow good inventory and administrative practices. All equipment and materials were clearly marked for inventory purposes, and various financial and management systems appeared to be in order. In discussions with staff, all had signed and exhibited an understanding of the code of conduct, and had undergone prevention of sexual exploitation and abuse (PSEA) training as part of their orientation. In addition, many staff had participated in one or more additional PSEA activities as part of the separate PSEA project that IRC implements through a grant from BPRM.

IRC'S MULTISECTORAL PROGRAM, ITS OBJECTIVES AND ACHIEVEMENTS

¶10. Under the current cooperative agreement, IRC is continuing its multi-sectoral programs to Sudanese refugees in Kakuma refugee camp. The program provides services in areas of health, nutrition, community-based rehabilitation, adult education, and support for refugee populations with disabilities. Indicators reported below are for January 1 to March 31, 2007 (the first quarter of the 12-month grant period):

¶11. OBJECTIVE A: To provide effective and efficient promotive, preventive, curative, rehabilitative, and palliative health care services.

- Indicator 1: Quality of clinical care maintained to ensure children under 5 years of age mortality rate maintained at less than 1.5/1000/month and Crude Mortality Rate (CMR) maintained at less than 0.5/1000/month.

Performance - The under-five mortality rate during the reporting period was 0.99/1000/month, while the crude mortality rate was 0.3/1000/month.

- Indicator 2: Increase vaccine coverage of fully immunized children less than one year of age from 81percent to 90percent.

Performance - Vaccination coverage (full immunization) for children less than one year was 86.1 percent.

- Indicator 3: 100percent of pregnant mothers attending first ANC visit and 20percent of children under 5 years of age are provided Insecticide Treated Nets (ITNs); home surveys to be conducted to ensure increase from 78percent to 90percent of beneficiaries are using ITNs properly on a nightly basis.

Performance - The ITN coverage for pregnant mothers was 85.3 percent for the first quarter, and 66 percent of children under five years of age were provided with ITNs. Two surveys on proper use of ITNs are planned for June and December 2007.

- Indicator 4: Increase percentage of pregnant mothers delivering at hospital from 38percent to more than 50percent with maternal mortality ratio maintained at less than 200/100,000 live births per year.

Performance - 64 percent of deliveries during the first quarter were conducted at the health facilities. The maternal mortality rate was maintained at 152.2/100,000 live births per year.

- Indicator 5: PEP coverage among survivors of rape at 100percent.

Performance - PEP coverage among the rape survivors was 100 percent.

12. OBJECTIVE B: Adult and Special Needs Education - To build the capacity of 2,250 disabled children and other vulnerable refugees through adult and special needs education programs.

- Indicator 1: Enroll at least 250 disabled children in mainstream schools, provide at least 70 of them with individual development plans, and monitor attendance rates for all 250.

Performance - 246 disabled children were enrolled in mainstream schools in the camp. A monthly average of 53 IEPs were developed and implemented during the reporting period.

- Indicator 2: 2,000 registered learners are enrolled in, and attend, adult education programs, with 80percent receiving a pass mark of at least 50percent in their examination.

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Performance - 2,180 adult learners enrolled and were maintained in the Adult and Special Needs Education program. Examinations are scheduled in May for beginners and intermediate levels, and August for the advanced level of learners.

- Indicator 3: Train 30 teachers in special needs education.

Performance - A one-month training for the 30 regular teachers in special needs education is planned for August 2007.

- Indicator 4: 365 beneficiaries will complete two months of management training.

Performance - 36 health staff (refugees) completed a two-month training of trainers (TOT) course, while 74 refugee and local community leaders completed a four-day community self-management skills training during the same period. Mid-level management training is scheduled to begin in April; training of facilitators (TOF) for TOT, is scheduled to begin in June.

- Indicator 5: 80 women enrolled in, and attend, management training, with 80percent completing full course.

Performance - Two women-only classes with 80 participants started in January and are ongoing.

¶12. OBJECTIVE C: Nutrition - To contribute to reduction of malnutrition in camp.

- Indicator 1: Operate 2 Therapeutic Feeding Centers (TFCs) and 4 Supplementary Feeding Centers (SFCs) and provide adequate food stocks for 100percent of caseload.

Performance - Two TFCs and four SFCs served the entire caseload during the reporting period.

- Indicator 2: At least 50percent of the estimated malnourished population (est. 1,817 from 2005 nutritional survey) attends SFC, leading to decrease in GAM rate from 15.9percent to less than 15percent.

Performance - A monthly average of 85.4 percent (1,551 of the 1,817) of the estimated malnourished population attended the SFCs. GAM rates will be provided following the annual nutrition survey to be completed in September.

- Indicator 3: Conduct 3 mid-upper-arm circumference (MUAC) screenings and 1 anthropometric nutritional survey for children between six and 59 months of age.

Performance - One MUAC screening was conducted in February, reaching 6,756 refugee children within the camp and 1,274 in the local Turkana community. Additional MUAC exercises are planned for June and November 2007. The anthropometric survey has been planned for September 2007.

- Indicator 4: Provide iron supplementation to 100percent of children under the age of five years admitted at SFCs and TFCs.

Performance - every child under five years of age admitted at SFC and TFCs received iron supplementation.

- Indicator 5: Provide vitamin A supplementation to 90percent of children under the age of five years during 3 camp-wide campaigns.

Performance - A Vitamin A supplementation campaign was conducted in February 2007, reaching 95.6 percent of children under five years of age. It is unclear if follow-on campaigns are scheduled.

¶13. OBJECTIVE D: Sanitation - To ensure adequate latrine coverage, promote proper hygiene practices, and implement vector control strategies to ensure a healthy environment within the camp.

- Indicator 1: Camp latrine coverage from 1 latrine per every 20 persons.

Performance - The latrine-to-users ratio is estimated at 1:15.

- Indicator 2: Construct 500 family latrines in residential community and rehabilitate 200 family latrines.

Performance - 134 new latrines were constructed and 25 old latrines were rehabilitated during the first quarter.

- Indicator 3: Conduct daily inspections of food premises and animal slaughter areas in conjunction with GOK Public Health Department staff to ensure enforcement of public health regulations.

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Performance - A total of 345 butchery, hotel, tearoom, food store, and grocery store inspections (an average of 4 per day) were carried out in the first quarter.

- Indicator 4: Facilitate burial or disposal of 100percent of human remains and animal carcasses within 24 hours notice by the community, UNHCR, local authorities or the security agencies.

Performance -100 percent of human remains and animal carcasses were buried or disposed of within 24 hours notice, including 82 human bodies, 10 cat carcasses, and eight dog carcasses.

- Indicator 5: Conduct 1 residual spraying exercise in 100percent of home to control mosquitoes within camp.

Performance - One indoor residual spraying exercise was conducted in March 2007 to control mosquitoes. The spraying covered 22,134 houses (100 percent), 2,215 latrines, and all facilities at the camp hospital, as well as all rooms in the staff quarters within the camp.

- Indicator 6: Promote good hygiene practices through 1,600 house-to-house visits, 10 workshops, 12 camp-wide awareness campaigns, and weekly child-to-child sessions at schools; monitored by annual KAP survey of children in camp.

Performance - During the reporting period, 285 house-to-house visits were made, six workshops were held (reaching 151 individuals), 39 bi-weekly child-to-child sessions were conducted in schools, and two weekly sessions for non-school children were conducted. Though currently behind schedule, IRC plans to increase the rate of house-to-house visits and expects to meet the indicator by the end of the project period.

14. OBJECTIVE E: Community-Based Rehabilitation - To enhance the dignity of the disabled, provide therapeutic and psychological services to physically disabled persons and reduce community stigma towards the disabled.

- Indicator 1: Provide physiotherapy and ortho-surgical services to 90percent of identified eligible persons with disabilities (PWDs).

Performance -84 PWDs were identified and provided with appropriate rehabilitation services.

- Indicator 2: Procure 10 tricycles and repair and maintain 100percent of tricycles used by PWDs in camp.

Performance - Procurement of new tricycles is planned for the second quarter; IRC carried over eight tricycles purchased in the last quarter of last year. In addition 24 tricycles were repaired.

- Indicator 3: Conduct 4 one-day community workshops for community leaders on the rights of the disabled.

Performance - One community awareness workshop for identified opinion/community leaders was conducted in March. It is unclear when the other three workshops are scheduled.

- Indicator 4: Conduct 24 support group sessions for children with disabilities.

Performance - Four children support group sessions were conducted during the first quarter. Four sessions per month are planned for February, April, June, August, October and December.

- Indicator 5: Teach orientation and mobility (O&M) and daily living activities (ADL) to 10 visually impaired individuals for use within camp and for transition to post-camp life.

Performance - In the first quarter, five visually-impaired persons were taught O&M and ADL.

- Indicator 6: Create and disseminate STI and HIV/AIDS awareness messages in Braille for 10 sight-impaired community members; create and disseminate STI and HIV/AIDS awareness messages, transmitted through sign language, for 20 hearing-impaired community members.

Performance - As yet, no awareness messages for either sight- or hearing-impaired community members have been created or disseminated. These activities are planned to commence during the second quarter.

CONCLUSION/RECOMMENDATION

¶15. IRC continues to provide quality services to the residents of Kakuma during this time of transition. With the likely further shrinking of the camp population as the Sudanese continue to repatriate, IRC is already looking at further adjusting their programming to meet this new reality. With its quality performance during the first eight months of the current cooperative agreement and the likelihood that it will met or exceed its agreed to indicators, refcoord recommends that PRM give IRC's new proposal positive consideration, in accordance with our priorities and within our own budget constraints.

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